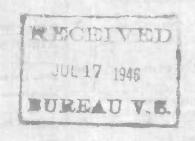
2411 N. Charles St., Baltimore 83

#### CERTIFICATE OF DEATH

06938

			100
Reg.	Dist.	No.	100

1. PLACE OF DEATH A CLUS  County City or town. (If outside city or town limits, write RURAL and give nearest town)  How long in above place of death?  How long in hospital or institution?	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infant give residence of mother)  State
3. (a) FULL NAME Herry Eugere allow	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced Widows	MEDICAL CERTIFICATION 200, 400  20. DATE OF DEATH. 19.46 at A. M.
8.(b) Name of husband or wife	21. I CERTIFY that death occurred on the dale above slated: that I ettended deceased from
1. Birth date of deceased (mo., day, yr.) May 7 1873  8. AGE: Years Months Days If less than one day	Immediate cause of death
9. Birtholace La Plata m	Due to
10. Usual occupation	Due 10. Due 10.
11. Industry or busingss  12. Name 210 24 mg cellullary  13. Birthplace 7 f.g. Pluta. W	Other conditions
14. Maiden name Mary Twe downth	(Include pregnancy within 3 months of deeth)  Major findings of operations.
18. Informant Miss Lamar alterittain Address La Plata, mil	Antopsy results
ti	22. VIOLENCE: If death was due to external causes, fill in the following:  Accident, suicide, or homicide
Commetery or crematory Lucation Location Lucation	Where did injury occur?
18. Funeral director. Sturt X Styces  Address Waldows mid	Means of Injury Injured at work?
19. 7-16-+6 19 Julia H. Pacey (Date rec'd by registrar) (Date rec'd by registrar)	23. SIGNATURE LA Mac Kausself, M. D. or other  Address Date signed 7-15-46



2411 N. Charles St., Baltimore 944

CERTIFICATE OF DEATH

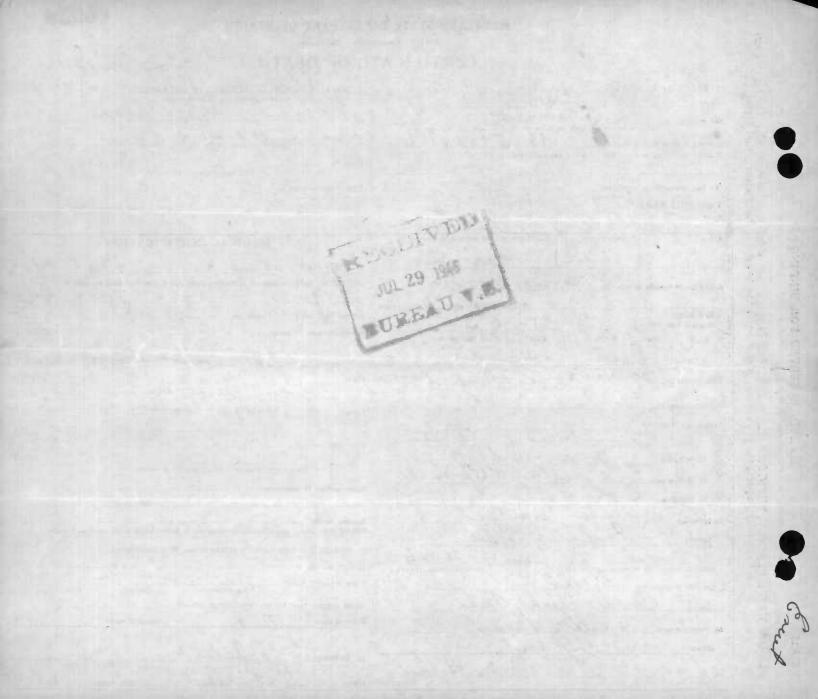
			1
			100
Dan	Dist	Na	100
Trok.	Dist.	140.	

1. PLACE OF DEATH O	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County	State Mid County Charles
(If outside city or town limits, write RURAL and give nearest town)	9)
	(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?	(It outside city or town limits, write RORAL and give heatest town)
	Street Ho
4	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) It veleran, name war
Jimother L. austin	3. (b) Social Security Number
4. Sex 5. Color or vace 8.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
M W married	20. DATE OF DEATH 7- 2 4 19.4.6. at 2 A M
Previo autin	21. I CERTIFY that death occurred on the dale above stated; that I attended deceased from
6.(b) Name of husband or wife	18 4 0, to 7 - 24 19 46
7. Birth date ot \$ 2. Second to the street of the street o	
	and that I fast saw h . I alive on
deceased (mo., day, yr.)  8. AGE: Years   Months   Days   It less than one day	Immediate cause of death
82 2 8 24hrs	Consestive Heart mailure 4-16-46
Formainphale. M/ (Margar	J
9. Sirthplace	The to.
Painton:	
18. Usual occupation.	Due to a vy parleusion
t1. Industry or business	
12. Name. Steller to Christian 13. Birthplace Steat Heck My.	Other conditions
13. Birtholace of Great Heck, My.	
	(Iuclude pregnancy within 3 months of death)
14. Maiden name Cole Joheth C. Corbart 15. Birthplace With Page 7-4.	Major findings of operations.
15. Birthplace Link Page 1-4.	
Everet Holes aut	Bate ot op.
16. Informant Authority authority	Autopsy results
Address Jonafreh Md.	PHYSICIAN: Please underline the cause to which death should be charged statistically.
12 1 11	22. V10LENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or removal Which?)  Oate thereof (month) (day) (year)	Accident, suicide, or homicide
(Buriat, cremation, or removal which;)	
Cemetery or crematory.	Where did injury occur?
Location Buld's Creek Ind	Injured at home, farm, industry, public place (where?)
18. Funeral director Towarth & Ryon	Means of Injury Injured at work?
Address Walday Md.	Modelen M. D
7-24 11 1 1 0 - 21 1	23. SIGNATURE. M. D. or other
18. 1-24-46 18 Julia TV- Lessey	lating Later Mala Mil Bate stand 7-24-41

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING LAK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15



VS A15

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 7750



#### CERTIFICATE OF DEATH

06941) Reg. Dist. No. 100

1. PLACE OF DEATH: PULLS	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County Latin Man	State Md County Chas
City or town (If outside city or town limits, writh turnity and give nearest town)	City or town Bil action and
How long to active place of death?	(If outside city or town limits, write RURAL and give nearest town)
Mp. Jem. Hosp. Lattate	(If rural, give LOCATION)
How long in hospitat or institution?	2.(a) If veteran, name war.
3. (a) FULLNAME	3. (b) Social Security Number
James Joseph Buller	
4. Sex 5. Color or race 6.44) Single, married, widowed, or divorced	MEDICAL CERTIFICATION 434
1 C Surge	20. DATE DF DEATH /- 5 / 19.46 at / 70 M
8,(b) Name of husband or wife	21. I CERTIFY that death accurred on the date above stated; that I attended deceased from
	1-3/ 1946 10 1-3/ 1946
7. Birth date of Jan 36 - 19 2 3	and that I last saw hi  alive on
deceased (mo., day, yr.)  8. AGE: Years Months Days If less than one day	Immediate cause of death
2, 3	The sensitive self
9. Birthplace Waldory is mile	A mount of the form
(Town antv, and State)	ralley from moving.
10. Usuat occupation. Rabstres	1) truck
11 Industry or hydroco	Due to
12. Name Charlie Butler	Dither conditions
12. Name Charle Butter  13. Birthplace Waldoy my	
= 14. Maiden name of arrived nurverary	(Include pregnancy within 3 months of death)
14. Maiden name Janiet Muroman	Major findings of operations.
18 totomas Ruph Butler	Date of op.
16. Informant Waldow Trist	Autopsy results
6 2 11	22. VIOLENCE: If death was due to external causes, fill in the following:
17 Burial, cremation, wr removal, Which?) Date thereof (month) (day) (year)	Accident, suicide, or homicide. accident. Date of 7-51-46
Cemetery or crematory SA Paters	Where did Injury occur? (City or town) (Codnty) (State)
warden mis	trijured at home, farm, industry, public place (where?)
Location Location	Means of Injury 17 ell off maning injured at work? Tyles
18. Funeral director.	( ) with
Address Walder Trus	23. SIGNATURE Dedelen (?)
was 1 10 The Destera	Laslata Ma M. D. prother 7-31-46
(Date peo'd by registrar) Registrar	Address Date signed

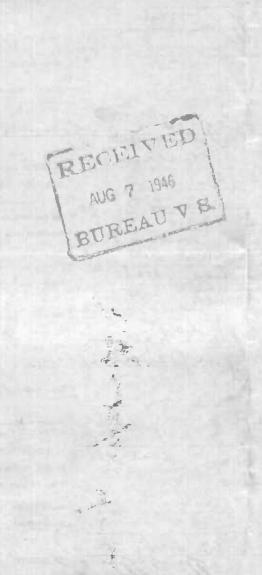


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2411 N. Charles St., Baltimore 940

06941

CERTIFICA	TE OF DEATH Reg. Diat. No.	
1. PLACE OF DEATH: C County	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)  State	
3. (a) FULL NAME	2.(a) If veteran, name war	
george alfred Cha	1 3. (b) Social Security Number	
4. Sex 5. Color or rate 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
M Cre married	20. DATE OF DEATH. July 30 1946 317 am	
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from	
7. Birth date of	and that I last saw h. [ 17 ailve on 6 - 1 - 19 46	
deceased (mo., day, yr.) fully 6-1083	, 0	
8. AGE: Years Months Days If less than one day	Immediate codic of death DURATION 7-30-46	
6/hrsmin.	the state of the s	
9. Birthplace Bryantown md (Town, county, and state)	Due to artituo Sclerous	
10. Usual occupation. Farmer	1	
	Due to	
11. Industry or business  12. Name George alfred Chapman  21. Name Seorge alfred Chapman  21. Name Manual M	Diher conditions .	
14. Maiden name Georgiand Node	(Include pregnancy within 3 months of death)	
5 0 3 +	Major findings of operations.	
El 15. Birthplace Lyanton M	Date of op.	
16. Informant auch Chapman Infl	Autopsy results	
Address Haldery mid	PHYSICIAN: Please underline the cause to which death should be charged statistically.	
3 Burial 8-3-46	22. VIOLENCE: If death was due to external causes, fill in the following;	
(Burial, cremation, or removal, Which?) (month) (day) (year)	Accident, suicide, or homicide	
Cemetery or crematory ST Pitus	Where did Injury occur? (City or town) (County) (State)	
walder mil		
10021101	Injured at home, farm, industry, public place (where?)	
18. Funeral director Hund Y Tryon	Means of Injury Injured at work?	
Address Waldon and	SIGNATURE Celelen M.D.	
(Date rec'd by registrar) 19 / (Date rec'd by registrar)	To Do X VI M. D. or other	



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WRITE

PLEASE

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

# 2411 N. Charles St., Baltimore CERTIFICATE OF DEATH

06942

.. Date signed.

CERTIFICAT	Reg. Diat. No.
1. PLACE OF DEATH: Charles  County	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infantagive residence of mother)  State
How long in hospilal or institution?	2.(a) It veteran, name war
3. (a) FULL NAME  Charles Flouries  4. Sex  Color or race  S. (a) Single, married, widowed, or divorced  Color Single	3. (b) Social Security Number  MEDICAL CERTIFICATION
8. (b) Name of husband or wife	20. DATE DF DEATH.  21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  22. I CERTIFY that death occurred on the date above stated; that I attended deceased from  23. I CERTIFY that death occurred on the date above stated; that I attended deceased from  19. I support the death occurred on the date above stated; that I attended deceased from  24. I CERTIFY that death occurred on the date above stated; that I attended deceased from  25. I CERTIFY that death occurred on the date above stated; that I attended deceased from  26. I CERTIFY that death occurred on the date above stated; that I attended deceased from  27. I CERTIFY that death occurred on the date above stated; that I attended deceased from  28. I CERTIFY that death occurred on the date above stated; that I attended deceased from  29. I CERTIFY that death occurred on the date above stated; that I attended deceased from  20. I CERTIFY that death occurred on the date above stated; that I attended deceased from  29. I CERTIFY that death occurred on the date above stated; that I attended deceased from  20. I CERTIFY that death occurred on the date above stated; that I attended deceased from  20. I CERTIFY that death occurred on the date above stated; that I attended deceased from  20. I CERTIFY that death occurred on the date above stated; that I certified that I certif
53hrsmin.	7/3
9. Birthplace 7 areans 140 (Town, county, and state) 10. Usual occupation 7 armer	Due to.
11. Industry or business  12. Name ### ##############################	Diher conditions
14. Maiden name Jour 15. Birthplace Chas Co Mp	Major findings of operations
Address Spring Hell Ml  17. Burial Date thereot (month) (day) (year)  Cemetery or crematory St Janatous  Location Sel Cutou Ml	Antopsy results
18. Funeral director.  Address Wardory - Md  19. — Marchary - Md  19. —	23. SIGNATURE Ener Steve L. M.D. or other  Bel alion Wel, Date signed 1 71-46



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2411 N. Charles St., Baltimore

#### CEDTIFICATE OF DEATH

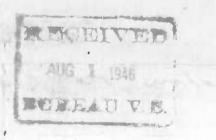
06943	. (	-
	105	
Reg. Dist. No.		

CLICITICAL	E OF DEATH Reg. Dist. No.
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)  State
4. Sex   5. Color or race   6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male White Widowed	20. DATE OF DEATH. Quely 6, 19 46 12 -2 5 N
6.(b) Name of husband or wife	21. I CERTIFY That death occurred on the date above stated; that I attended deceased from.  19
8. AGE: Years   Months   Days   If less than one day	Immediate cause of death
9. Birthplace (Town, county, and state)  10. Usual occupation	Bue to.  Probably Coronary occlusion Direction  Due to.
11. Industry or business  12. Name William Thomas Sniffith  13. Birthplace Sheendock Va.  14. Malden name Va.	Other conditions
16. Informant	Antopsy results PHYSICIAN: Please underline the cause to which death should be charged statistically.  22. VIOLENCE: If death was due to external causes, fill in the lollowing; Accident, suicide, or homicide

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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VS A15



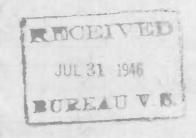
06944

#### CERTIFICATE OF DEATH

	les St., Baltimore 93-L
CERTIFICAT	TE OF DEATH Reg. Diat. No. 100
1. PLACE OF DEATH:  County (If outside city or town limits, write RURAL and give nearest town)  How long in above place of death?  Hospital, institution, or street address where death occurred:  How long in hospital or institution?	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)  State
3. (a) FULL NAME	3. (b) Social Security Number
THE MAS  4. Sex  5. Color or race  6. (a) Single, married, widowed, or divorced  M	MEDICAL CERTIFICATION  20. DATE DF DEATH. JULY 28 19.46 21 5 F
8. (b) Name of husband-or wife.  7. Birth date of deceased (mo., day, yr.)  8. AGE: Years Months Bays If less than one day  6. 3 13	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  NAY 20 19. 16. 10 VULY 20.184  and that I last saw h. Melive on SULAR Y CONCENTION  Immediate cause of death RULL MONARRY CONCENTION  CEREBRAL ADEMIA  Due to CARDIAE FAILURE  Due to CARDIAE FAILURE  Diher conditions  (Include pregnancy within 8 months of death)  Major findings of operations  Date of op.
Address HUGHES VILLE, M.D.  17. BURIA Date thereof July 31 1946 (Burial, cremation, or femoval, Which?)  Cemetery or crematory  Location  NRAR BENECICE  M. BURAL  18. Funeral director.  FIMER M. BUADE	Autopsy results  PHYSICIAN: Please underline the cause to which death should be charged statistically.  22. VfOLENCE: It death was due to external causes, fill in the following:  Accident, suicide, or homicide
19. 1-36 (Date rec'd by registrar)  19. 46  Registrar	23. SIGNATURE ADVASCO, M.D. Onother  Address Date signed Advasco, M.D.

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VS A15



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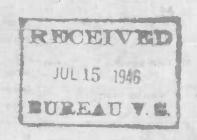
PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

# PLEASE WRITE VS A15

#### MARYLAND STATE DEPARTMENT OF HEALTH

#### 2411 N. Charles St., Baltimore CERTIFICATE OF DEATH

1. PLACE OF DEATH: POP 1	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)	
County Charles	84 0	
(If outside city or town limits, write RURAL and give nearest town)	State County	
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)	
Hoseffal institution, or street address where death occurred:	Street No. 907 £. 54. S. E.	
Originana Memoral Harpelal	(If rural, give LOCATION)	
How long in hospital or institution?	2.(a) It veteran, name war	
3. (a) FULL NAME	3. (b) Social Security Number	
andrew a. More		
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION 40	
M W A Single	20. BATE OF DEATH 7- 118 46 210 A M	
8.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from	
	7-10 1546 10 7-11 1946	
7. Birth date of POST	and that I last saw h 2 18 alive on 7-11 19 76.	
deceased (mo., day, yr.)  8. AGE: Years   Months   Days   It less than one day	Immediate cause of death	
50 8 25 min.		
Oh. VIII	Causes 7 2 was	
9. Birthplace (Town county, and gtate)	Due to	
10. Usual occupation Bridge Worker		
11. Industry or business	Oue to	
12. Hame John James Kare  13. Birthplace (1 S.A.	Dther conditions	
	(Include pregnancy within 3 months of death)	
14. Maiden name Anna Clagabeth.  15. Birthplace L. Sa.	Major findings of operations.	
1 15. Birthplace 4. S.C.	Date of op	
16. Interment Wilma Ham Kore	Autopsy results.	
Address 1600 Phis Cene. Me Kusport Va	PHYSICIAN: Please underline the cause to which death should be charged statistically.	
Bate thereot (15 / 46 (Burisl, cremation, or removal, Which?)	22. VIOLENCE: It death was due to external causes. All in the tollowing:  Accident, suicide, or homicide	
(IM) - May (Duce		
Cemetery or crematory	Where did injury occur?	
Localion Clurcator	Injured at home, tarm, Industry, public place (where?)	
18. Fueral director W. W 6 hausers Co	Means of Injury Injured at work?	
Addres 517-11 th 87 DE, Totalandon DC	AL ADD IN.	
0.1.16	23. SIGNATURE M. D. or other	
19. (Date rec'd by registrar)  (Date rec'd by registrar)  Registrar	Address Lay late M.S. Date stened 7.11-46	
	A Land Andrews and Anthropology and Anth	



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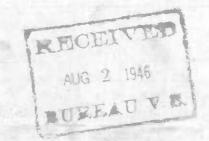
#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

06946

#### CERTIFICATE OF DEATH

4 77 4 67 67 77 77		
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) O	F DECEASED
County	State Marylon Con	Ch de las
City or town		
How long in above place of death?	City or town(If outside city or town limits	s, write RURAL and live nearest town)
nospital, institution, or street address where death occurred:	Street No	
How long in hospital or institution?	(If rural, give	LOCATION)
3, (a) FULL NAME A	2.(a) If veteran, name war	
John F. Lancas	les	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CI	ERTIFICATION
m B wilowed		) - 19 4 6 at 9 6 h
B.(b) Name of husband or wife unherens Landast	21. I CERTIFY that death occurred on the date abo	vo stated; that I attended deceased from
7. Birth date of	19.5	
7. Birth date of deceased (mo., day, yr.) march 22 1867	and that I last saw h	
8. AGE: Years   Months   Days   It less than one day	Immediate cause of death	DURATIO
5-9 4 18nrsmin.		1 2 mm
9. Birthpiace 100 m. county and (atc)	Due to	
10. Usual occupation Laboratory (Rod work)	Bus de	***************************************
11. Industry or business	Due to	
12. Name 1 12. Name 1 13. Birthplace Destroy	Other conditions	***************************************
\$ 13. Bifthplace hearth		
14. Maiden name Parus And Jackatas  15. Birthplace New York	(Include pregnancy within 3 m	
15. Birthplace new way	Major findings of operations	
18. Interment Win Landasti	A	
Address Fruikner	Antopsy results	
1011	22. VIOLENCE: If death was due to externat caus	
(Burial, cremation, or removal, Which?)	Accident, suicide, or homicide	
Cemetery or crematory St. There of Cernaliza		
0. 01.1.000	Where did injury occur?	
Location New Williams	injured at home, farm, industry, public place (wh	
18. Funeral director	Means of Injury	Injured at work?
Address , Malelosta	90 0 001	
8/1 W/ 111.10. 1.P.	23. SIGNATURE STATE	M. D. or other
(Date rec'd by registrar)	Address Maysh	Le Date signed 2-30-4
	The state of the s	Date signed



2411 N. Charles St., Baltimore 1602

06947

#### CERTIFICATE OF DEATH

Reg. Dist. No. 100

1. PLACE OF DEATH: Charles	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
To Dieto	State Maryland County Charles		
City or town			
How long in above place of death?	Cily or town		
Hospilal, Institution, or street address where death occurred: Physicians' Memorial mospital	Street No.		
	(If rural, give LOCATION)		
How long in hospital or institution?	2.(a) If veteran, name war		
3. (a) FULL NAME	3. (b) Social Security Number		
George Lawrence	Oliver		
4. Sex   5. Color or race   6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
Male white single			
were anited Single	20. DATE OF DEATH 31. 1946, at 9:35.PM		
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from		
	on July 31 19.44 to 19		
7. Birth date of deceased (mo., day, yr.) July 31, 1946	and that I last saw h		
8. AGE: Years   Months   Days   Itless than one day	Immediate cause of death		
	Cerebra Lemendage 35-40'		
9. Birthplace La Plata, Charles, Maryland	Due to Diad during childhith		
(Town, county, and state)			
10. Usual occupation	Due to Persistent posterior presentation		
11. Industry or business	on deliversels except with		
플 12. Name George Ward Uliver	en marcial + forcess rotation		
E 12. Mama George ward Oliver E 13. Birthplace Washington, D C.			
置 14. Malden name Carlene Shewbart	(Include pregnancy within 3 months of denth)		
14. Maiden name. Carlene Shewbart.  15. Birthplace Alabama	Major findings of operations		
	Date of op		
16. Interment George Oliver	Autopsy results.		
Address Indian Head, Md.	PHYSICIAN: Please underline the cause to which death should be charged statistically.		
7 9 1 11	22. VIOLENCE: It death was due to external causes, fill in the following;		
(Burial, cremation, or removal. Which?)  Date thereol (month) (day) (year)	Accident, suicide, or homicide		
Cemetery or crematory Yard of home	Where did injury occur?		
Cemetery or crematory La Flata, Md.	Injured at home, tarm, Industry, public place (where?)		
Location	Means of injured at work?		
18. Fuceral director Huntt& Hyon			
Address Waldorf, Maryland	23. SIGNATURE Jans & Mackowanagh no		
8-41 (10-418	23. SIGNATURE DOCTOR OF OTHER		
19. 5-/- 46 19. Sulta H. assign (Date rec'd by registrar) Registrar	Address Sa Plata, Ord Date signed \$7-31-4		

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# MARYLAND STATE DEPARTMENT OF HEALTH 2411 N. Charles St., Baltimore 159

06949

Injured at work?

M. D. on ther

CERTIFICA	TE OF DEATH	Reg. Diat. No.
1. PLACE OF DEATH:  County  City or town  (If outside city or town limits, write RURAL and give nearest town)  How long in above place of death?  Hospital, institution, or street address where death occurred:  How long in hospital or institution?  How long in hospital or institution?		mother)  John Sand Sand Sand Sand Sand Sand Sand San
3.(a) FULL NAME Taligan Smith		3.(b) Social Security Number
4. Sex 5. Color or race 6.(2) Single, married, wildowed, or divorced Male Colored 5 mg/e	MEDICAL C	ERTIFICATION  3 / 19 4/ at 12 Noon
8. (b) Name of husband or wite	and that I last saw h alive on	ovo stated; that I attended deceased from  19
9. Birthplace	Due to. Prematurity	/ ***
12. Name	Diher conditions	months of death)
18. Informant	Autopsy results	hich death should be charged statistically.
Date thereof. (day) (year)  Cemetery or crematory  Cemetery or crema	Accident, suicide, or homicide	

Means of Injury

23. SIGNATURE

Address.

VS A15

1B. Funeral director

(Date rec'd by registrar)

Address

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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9	37	N.	)	

06950

## CERTIFICATE OF DEATH

Reg. Diet. No. 100

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County Chax Les	(For newborn infants give residence of mother)
(If outside city or town limits, write RURAL and give nearest town)	State Md County Chay LS
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	
***************************************	Street No
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Wills, Ugnes Ct.	
4. Sex 5. Color or race 6.(a) Stogle, married, widowed, or diversed	MEDICAL CERTIFICATION
Female Colored Widow.	20. DATE OF DEATH DELLY 10 19 46 at 6 P. M
6.(b) Name of husband or wife the first file of the fi	21. I CERTIFY that doubt decorred on the date above stated; that I attended deceased from
	may 15 18 46, 10 July 10 19 46
7. Birth date of	and that I last saw hele alivo on Duly 10 1 18 46
deceased (mo., day, yr.) # March 28, 1902	Immediate cause of death
8. AGE: Yours   Months   Days   If less than one day	myocardetes, Ocate
44 3 //hrsmin.	<u></u>
9. Birthplace Agua & La Pr. Grange Co., Mary land (Town, county, and state)	Bue to Semertensine Cardio-
	Unallan Desease
10. Usual occupation House with	Oue to
11. Industry or business House Wefe	
= 12 Name Marcellos Washington	Other conditions
13. Birthplace Charles County	
14. Malden name Rose Chase	(include pregnancy within 8 months of death)
	Major findings of operations.
. // .	Date of op.
16. Informant Joseph Wills	Autopsy results.
Address Benedict - Md.	PHYSICIAN: Please underline the cause to which death should be charged statistically.
(Burial, cremation, or removal, Which?)  Bale thereof 7-/3-46 (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following:
	Accident, suicide, or homicide
Cemetery or crematory O+ Column	Where did injury occur?
Location Waldorf	Injured at home, farm, Industry, public place (where?)
18. Funoral director ESMER M Quade	Means of Injury Injured at work?
Address Hughesville M&	Louis to Handing min
2-12 11 (1.3/1)	23. SIGNATURE Mi. D. or other
(Date rec'd by registrar)  (Date rec'd by registrar)  Registrar	Address Alex Shanrelle, Med Pate signed Que 15 19 4

JUL 15 1946

BUREAU V.B.

